



DEPARTMENT OF VETERANS AFFAIRS

A gravesite is reserved for you in _____, in Section _____, Grave _____.

To keep our records current, please:

1. Furnish requested information on the bottom portion of this letter.
2. Detach the portion containing your completed information and mail it, within 10 days, in the enclosed window envelope, to the national cemetery listed on the reverse.

We will survey you again in two years.

Cemetery Director

Enclosure


VA may not conduct or sponsor, and you are not required to respond to this survey unless it displays a valid OMB Control Number 2900-0546. Chapter 24, Title 38, United States Code allows VA to determine if individuals holding gravesite reservations in national cemeteries wish to retain the reservation and whether their eligibility for the reservation has been affected. Responding to this survey is required to retain your benefit; failure to provide the information may result in cancellation of the gravesite reservation. The information you provide may be disclosed outside VA as permitted by law or as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974 as "Veterans and Dependents National Cemetery Interment Records VA" (42VA41).

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (045A4), 810 Vermont Avenue, NW, Washington, D.C., 20420. **SEND COMMENTS ONLY. DO NOT SEND THIS FORM OR REQUEST FOR BENEFITS TO THIS ADDRESS.**

FL 40-40
JUN 1999 (RS)

DETACH HERE

Form Approved, OMB No. 2900-0546
Respondent Burden: 10 minutes

 Department of Veterans Affairs		SSN/C/SERVICE NO.	SECTION	GRAVE
GRAVESITE RESERVATION SURVEY (2 YEAR)				
1. Is the address shown above your correct address? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," please provide your new address below.)				
NAME		STREET		APT
CITY		STATE		ZIP CODE
2. Do you wish to keep the gravesite that has been reserved? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO (If you checked "YES," please check the appropriate box below:)				
<input type="checkbox"/> I am the veteran and wish to keep the gravesite that has been reserved.				
<input type="checkbox"/> I am the unremarried widow/widower of the veteran and wish to keep the gravesite.				
<input type="checkbox"/> I was the spouse of the veteran, but I have remarried. (If checked, we will send you a follow-up letter.)				
<input type="checkbox"/> I am a dependent of the veteran and wish to keep the gravesite.				